BERLE of Strassburg, to publish a case of vaginal extirpation of the uterus for fibroids, done with deliberate intent and successfully performed upon a correctly established diagnosis. We are also indebted to him for valuable contributions on gastrotomy and ovariotomy.

Thus ends this brief exposition of American surgical accomplishments up to the twentieth century. It will be noticed that only a few of our great surgeons and anatomists of today have been mentioned, the writer being restrained by his lack of personal knowledge of the many brilliant men whose professional careers are yet unfinished and whose names have not yet passed into history.

"The development of human thought and achievement, as a whole, has not been, as commonly supposed, a continual upward progression, nor even the equivalent of a continuous series of ascertained results. Thoughts and inventions, which seemed on the verge of practical fruition, have often been reduced to nothingness, even at the most decisive moment, through some combination of untoward circumstances; yes, even the very memory of a pathway broken into the Land of Promise is often obliterated and what seemed accomplished fact has had to be recreated by laborious work covering years, decades, and even centuries. Just the simplest, most natural and, in the end, almost self-evident facts are the hardest to evolve and elucidate; just what was most decisive and potent of result has been time and again overlooked by the seeker after truth. . . . The gold of historic thought, indeed, is as little to be found in the street as the gold of actual daily strife, and it is by no means the task of the historian of broad general scope to give the initial clew to its discovery. He indeed can only reproduce the past with fidelity and exactitude. The intuition of the true investigator and pathfinder of today and tomorrow must find its own way to new guiding principles from the work of yesterday, before yesterday, and the distant past." So wrote Karl Sudhoff.

Dr. John J. Abel once said: "Greater even than the greatest discovery is to keep open the way to future discoveries."

It is with these thoughts in mind that I have presented this material to you.

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CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

TUBERCLE OF THE CHOROID IN MILIARY TUBERCULOSIS*

CASE REPORT

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OBSERVERS differ greatly as to the frequency of tubercles of the choroid in miliary tuberculosis. Marple[1] stated that tubercles are to be seen in every case of tuberculous meningitis. Tooke[2] reported seventy-three patients with tuberculous meningitis, seven of whom had choroid tubercles. Moore[3] examined thirty-three patients suffering from miliary tuberculosis, all but two of whom had tuberculous meningitis, and found that ten had one or more tubercles in one or both eyes.

The following is the first case of tubercle of the choroid in miliary tuberculosis observed on the Stanford University eye service:

CASE REPORT

History—J. P., colored girl, age 4 years and 11 months, was first seen at the Stanford University Hospital on June 29, 1927. For the last six months she had been losing weight; loss of appetite, six months; cough, two months; fever in the afternoon, two weeks. The weight loss had been marked, the weight at the time of admission was thirty pounds, which was eighteen pounds less than the patient weighed at the beginning of her illness. The family history obtained was negative, as was also the history of the patient previous to this illness.

Examination—The patient was moderately emaciated. The temperature was 39.8 degrees C.; pulse, 134; respiration, 22. The tonsils were large, reddened, cryptic, with pus exuding from the left. Examination of the chest showed impaired percussion note at the right base, and at the angle of the left scapula. There were fine inspiratory râles at the right base posteriorly, and moderately fine râles at the angle of the left scapula; all of which were increased after coughing. The abdomen was distended, tender, and had a doughy feel; fluid wave was elicited.

The backgrounds instead of showing the large number of brilliant light reflexes over their surfaces and

* From the Divisions of Ophthalmology and Pediatrics, Stanford University Medical School.

along the vessels usually seen in colored people, due to the excess of pigment in the retinal epithelium and choroid, were highly colored with a uniform red color and looked more like those seen in brunettes; compared with the peripheries they were edematous and hyperemic. The discs were normal. On the right fundus (Fig. 1) were seen four round, pale yellow spots, their margins fading into the surrounding retina, and varying in size from a quarter to a third disc diameter; the smallest one contained pigment. The left fundus contained a solitary tubercle, almost a disc in diameter, at 3 o'clock and one disc diameter from the margin of the disc. The tubercles did not appear to be elevated.

The roentgen ray report was as follows: "The lung fields are filled with coarsely granular density, apparently quite as heavy in the lower lobes as in the upper. In addition to this there are some round areas of density from half to one centimeter in diameter, rather faintly distinguishable at the lung roots and extending down into the lower lobes in some degree. The heart is at the upper limit of normal size, or possibly slightly enlarged. The spleen is much enlarged. Conclusion: Tuberculosis disseminated throughout both lungs, with enlargement of the bronchial glands. The enlarged spleen makes one suspect that the miliary tuberculosis is generalized."

The intracutaneous tuberculin test was positive with 1/10 mg. of K. O. T. The Wassermann reaction was negative. The blood showed: red blood cells, 4,300,000; hemoglobin, 70 per cent (Sahli); leukocytes, 13,200; polymorphonuclears, 76 per cent; lymphocytes, 22 per cent; large mononuclear, 1; eosinophil, 1. Catheterized urine showed a slight trace of albumin, and microscopically 15 to 20 leukocytes and 1 to 3 red blood cells per high-power field; smears showed no bacteria. A guinea-pig inoculated with the urine was killed four weeks later and smears made from the nodules of the spleen showed the presence of acid-fast bacilli. Cerebrospinal fluid examination showed: smears positive for *Bacillus tuberculosis*; Pandy + +; cells, 324; polymorphonuclears, 12 per cent; lymphocytes, 88 per cent; pellicle +; gold chlorid, 111111-2233; sugar, 0. As the child did not expectorate, no sputum was obtained for examination.

Course—The temperature varied from 38.8 to 40.0 degrees C. and the patient rapidly developed the typical signs of meningitis with rapid wasting. The eyes showed very little change; the discs seemed paler; there was no increase in the number of the tubercles, nor was there any elevation of them noted. The tubercles increased slightly in size. The patient was transferred to the San Francisco Hospital, University of California service, and died twenty-three days after she was first seen. No autopsy was obtained.

Clinical Diagnosis—Tuberculosis, miliary, with involvement of choroids, lungs, meninges, spleen, peritoneum, kidneys.

COMMENT

Miliary tubercles of the choroid are found with or without tuberculous meningitis. The average age of Moore's thirty-three patients was six years. The tubercles may be present in one or both eyes; there may be one or a larger number. Moore stated that he had seen forty-seven discrete tubercles in one eye, and Parsons [4] reported that as many as sixty to seventy have been found. In the case presented four tubercles were found in the right eye and one in the left. The tubercles may develop very quickly, Marple stating that he saw a tubercle develop in four hours. Repeated examinations with the ophthalmoscope are necessary. Tooke saw one case where after repeated and separate examinations by members of the attending staff, a solitary tubercle was first observed three hours before death. They are most frequently found a short time before death. Of the seventy-three cases reported by Tooke, where tubercles were found, in every instance they appeared not earlier than three days before death. The longest time before death a tubercle was seen was reported by Moore as thirty-two days. In the present case the tubercles were seen twenty-three days before death. Tubercles of the choroid vary in size from pin-point specks to one or two millimeters in diameter.

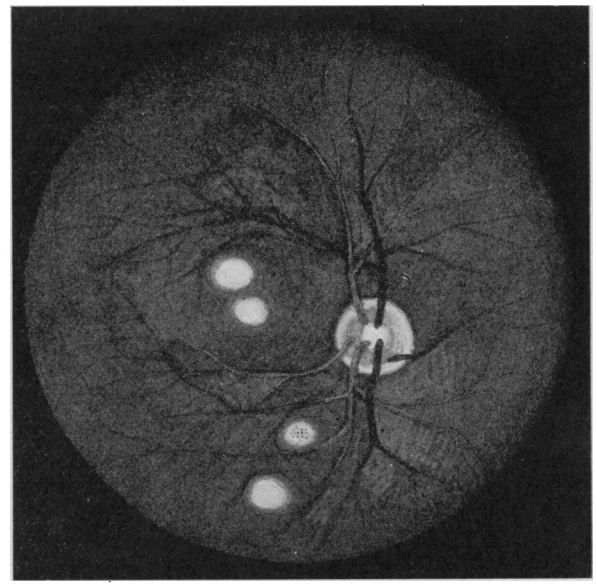

Fig. 1—Tubercles of the choroid of the right eye.

The finding of tubercles of the choroid affords most important diagnostic evidence of tuberculosis in cases of meningitis of unknown origin or in cases of obscure general diseases.

SUMMARY

1. A case of a colored girl, age 4 years and 11 months, is presented with generalized tuberculosis, with a history of loss of weight for six months and fever in the afternoon for two weeks previous to admission to the hospital.

2. Physical examination and a roentgenogram showed evidence of a generalized miliary tuberculosis.

3. Four discrete tubercles of the choroid were found in the right eye and one in the left.

4. The patient developed typical signs of meningitis and died twenty-three days after admission to the hospital.

ADDITIONAL CASE REPORT

Since reporting this case we have seen another patient with tubercles of the choroid.

K. Y., Japanese boy, age 5 years and 10 months, was seen November 17, 1927, with a history that two weeks previously he had developed a cold. He had moderate fever and a slight cough in the morning, also night sweats. His condition gradually became worse and he complained of frontal headaches. A week later he became irrational. Examination showed the child to be irrational but not stuporous. The left tympanic membrane was markedly congested. There were no definite findings in the lungs. The neck was definitely stiff and there was a double Kernig's sign. The roentgen ray report was as follows: "On account

of the patient's illness he was not fluoroscoped. The lung fields show very finely granular density of considerable intensity throughout. The heart is not remarkable. Conclusion: Disseminated tuberculosis throughout both lungs."

Ten days later the patient was very restless and apparently delirious. The neck was very stiff and the Kernig's sign was strongly positive. The heart sounds were somewhat faint and the patient was apparently failing. The backgrounds showed two tubercles of the choroid in the right eye and a solitary tubercle in the left. The tubercles in their appearance resembled those of the first patient. Urinalysis showed a faint trace of albumin. The blood showed: leukocytes, 8700; polymorphonuclears, 82 per cent; lymphocytes, 16 per cent; transitionals, 2 per cent.

The patient died seven days later. No autopsy was obtained.

The clinical diagnosis was tuberculosis, miliary, with involvement of choroids, lungs, meninges.

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UNUSUAL REACTION FROM GOLD AND SODIUM THIOSULPHATE INJECTION IN TREATMENT OF LUPUS ERYTHEMATOSUS

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A RECENT experience in the skin clinic of Stanford University Medical School may throw light on some of the effects of gold preparations when injected intravenously. We have been using this preparation in the treatment of lupus erythematosus for several years. While we have had a number of severe reactions, including the appearance of edematous and erythema multiform-like lesions, this is the first instance in several hundred injections in which we have observed the development of frank purpuric lesion.

Our patient, a girl of fifteen, had typical lupus erythematosus involving the "flush area" of the face, of nine months' duration. The disease was in the active state and spreading rapidly. There was nothing of significance in the physical condition or the history of our young patient, who was well nourished and apparently healthy, with the exception of the "butterfly lesions" on her face.

The patient was given intravenously by Dr. Estaban Reyes three injections of gold and sodium thiosulphate at five-day intervals. After the second injection there was noticeable improvement in the appearance of the process. There were no reactions of any kind until after the fourth dose when a pale transitory erythema of the arms and neck was noted. A fifth injection was then given. Within twenty-four hours a severe reaction in the form of pyrexia (101), angina and generalized erythema of the entire body with accentuation of the lupus erythematosus lesions. An intravenous injection of sodium thiosulphate (0.5 gm.) was then administered. The tourniquet was applied, not very tightly, around the arm just above the elbow. Within a few seconds a typical profuse purpura developed involving the entire skin from the tourniquet to the finger tips. The numerous purpuric lesions were from 2 to 4 mm. in diameter. There were no other symptoms. The purpura disappeared in about two weeks. The lupus erythematosus subsided completely, leaving only some pigmentation in its place.

The schedule and dosage of injections was as follows:

No. 1: 0.05 gold and sodium thiosulphate.
No. 2 (five days later): 0.1 gold and sodium thiosulphate.
No. 3 (six days interval): 0.15 gold and sodium thiosulphate.
No. 4 (four days interval): 0.2 gold and sodium thiosulphate.
No. 5 (three days interval): 0.25 gold and sodium thiosulphate.

In this case there is reason to believe that the gold increased the permeability of the small vessels and affected the vasomotor mechanism so that the increased pressure, lowered vessel tonicity and increased permeability produced the purpura.

490 Post Street.

Number of Licensed Midwives Decreases—The number of midwives licensed to practice in New York State has decreased from 375 on January 1, 1927 to 320 on the first day of the present year.

There were twelve new licenses issued during 1927, making a total for the year of 387. Six were refused licenses for 1928, three had their licenses held up for further investigation, forty-three gave up their licenses or failed to renew because of ill health, advanced age or other causes, fourteen moved out of the state or disappeared, and seven died. Five new licenses have been issued for the present year and two midwives, former holders of licenses who did not practice during 1927 have been granted licenses for 1928.

According to the monthly reports of midwives, there were 5758 births attended by them during the past year as compared with 6974 in 1926 and 7788 in 1925. The 1927 figure will undoubtedly be increased somewhat as late reports are received, but it indicates a steady decline year by year in the total number of births reported by these women.

There were five deaths of mothers, eight deaths of babies, one case of ophthalmia neonatorum, and three cases of puerperal septicemia reported by midwives. One midwife attended 133 births and four attended 100 or more cases each.

Two of the three cases of septicemia occurred in the practice of one midwife. Both patients were delivered on the same day and developed symptoms within twenty-four hours. Prompt treatment at the hospital, with blood transfusions, saved the lives of the two women. The midwife's license was suspended for three months and she was instructed to provide a new bag and equipment before resuming her practice. Before the end of her suspension period she was accused of having induced an abortion. The patient died, but the coroner had obtained an antemortem statement incriminating the midwife, who was subsequently indicted by the grand jury. She was released under bond and is still awaiting trial.

In January 1927 a former licensed midwife was brought before the grand jury and indicted for practicing midwifery without a license. She pleaded guilty and was fined $150 and a suspended sentence of one year in jail was imposed.—*Health News.*